

Please note the application may be revised again during the NAIC 2002 Winter National Meeting. To ensure you are filing the current version of the application and that the application is complete, please reference the National Insurance Producer Registry web site at www.licenseregistry.com.

Uniform Application for Resident Business Entity Insurance License/Registration

(Please Print or Type)

① Business Entity Name		② Incorporation/Formation Date (month) ____ (day) ____ (year) ____		③ FEIN -	
④ If assigned, National Producer Number (NP#)			⑤ If applicable, NASD Firm Central Registration Depository (CRD) Number		
⑥ List any name under which you are doing business		⑦ State of Domicile		⑧ Country of Domicile	
⑨ Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>					
⑪ Business Address		⑪ City		⑫ State	⑬ Zip or Foreign Country
⑭ Phone Number () -		⑮ Fax Number () -		⑯ Business Web Site Address	
⑰ Business E-Mail Address		⑰ Business E-Mail Address		⑰ Business E-Mail Address	
⑱ Mailing Address		⑲ P.O. Box		⑳ City	
㉑ State		㉒ Zip or Foreign Country		㉒ Zip or Foreign Country	
Designated/Responsible Licensed Producer					
㉓ Identify at least one Designated/Responsible Licensed Producer: <i>(See Matrix of State Requirements at www.licenseregistry.com for jurisdictions that require the designated/responsible licensed producer to be an officer, director or partner of the business entity.)</i>					
Name _____ SSN _____ - -					
Name _____ SSN _____ - -					
Name _____ SSN _____ - -					
Name _____ SSN _____ - -					
Owners, Partners, Officers and Directors					
㉔ Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity:					
Name _____		Title _____		SSN/FEIN _____ - - Owner: Yes / No	
Name _____		Title _____		SSN/FEIN _____ - - Owner: Yes / No	
Name _____		Title _____		SSN/FEIN _____ - - Owner: Yes / No	
Name _____		Title _____		SSN/FEIN _____ - - Owner: Yes / No	
Name _____		Title _____		SSN/FEIN _____ - - Owner: Yes / No	
Name _____		Title _____		SSN/FEIN _____ - - Owner: Yes / No	
Name _____		Title _____		SSN/FEIN _____ - - Owner: Yes / No	
Name _____		Title _____		SSN/FEIN _____ - - Owner: Yes / No	
Name _____		Title _____		SSN/FEIN _____ - - Owner: Yes / No	
Name _____		Title _____		SSN/FEIN _____ - - Owner: Yes / No	

(State Use)

Jurisdiction and Type of License/Registration Requested

25 Next to each jurisdiction, check the legal business type, license/registration type(s) and line(s) of authority for which you are applying.

Legal Business Type: C – Corporation P – Partnership S – Sole Proprietorship LLC – Limited Liability Company **LLP** – Limited Liability Partnership

License/Registration Types : A – Agent B – Broker P – Producer SLP – Surplus Lines Producer Y – Business Entity

Lines of Authority: V – Variable Life/Variable Annuity L – Life H – Accident & Health or Sickness P – Property C – Casualty **PL** – Personal Lines

CP – Credit Products O – Other: Limited Line

Legal Business Type					License/Registration Type					Jurisdiction	Lines of Authority							
C	P	S	LLC	LLP	A	B	P	SLP	Y		V	L	H	P	C	PL	CP	O
										AK								
										AL								
										AR								
										AZ								
										CA								
										CO								
										CT								
										DC								
										DE								
										FL								
										GA								
										GU								
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										NV								
										NY								
										OH								
										OK								
										OR								
										PA								
										PR								
										RI								
										SC								
										SD								
										TN								
										TX								
										UT								
										VA								
										VI								
										VT								
										WA								
										WI								
										WV								
										WY								

Background Information

26 Please read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment

2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

Applicants Certification and Attestation

27 The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
2. Where required by law, the business entity hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
7. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.

Attachments

28 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.licenseregistry.com).

**Must be signed by an officer, director, principal
or partner of the business entity:**

Month Day Year

Signature

Typed or Printed Name

Title

Social Security Number

Address

City

State

Zip

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Resident & Non-Resident Business Entity Licensing
Frequently Asked Questions

Business Entity licensing is effective July 1, 2003.
Business entities are expected to be in compliance no later than October 1, 2003.
After October 1, 2003, penalties for non-compliance may be enforced.

What are the definitions of business entity and insurance agency in the West Virginia Code?

“Business entity” means a corporation, association, partnership, limited liability company, or other legal entity.

"Insurance agency" means an individual, corporation, partnership, association, limited liability company, or other legal entity except for an employee of the individual, corporation, partnership, association, limited liability company, or other legal entity, and other than an insurer or an adjuster as defined by 33-12B-1 of the West Virginia Code, which employs individuals licensed to engage in activity or whose members engage in any activity be performed only by a licensed individual insurance producer or solicitor. It shall not include sole proprietor or partnerships in which there is only one licensed insurance producer.

What types of entities can be licensed? General partnerships, Limited liability companies, Limited partnerships, Limited liability partnerships, Sole proprietors.

Does an entity need a license to receive direct commissions? Entities cannot sell, solicit or negotiate insurance or receive direct commissions, however, producers may assign commissions to an entity. A written assignment must be maintained in the files and available for review by the Insurance Commissioner on request.

Does an entity need a license to receive assigned commissions? YES

What happens if the nonresident applicant's home state does not license agencies? In lieu of a Letter of Certification, a letter from the applicant's home state insurance department that agencies are not licensed must be attached with the application.

Are articles of incorporation organization/partnership agreements required to be submitted with a resident or a nonresident application?

No, applicant attests on the application that the entity is properly registered. Information should be available if requested by the Insurance Commissioner.

Does the entity need to name at least one designated responsible producer on the application? YES

Does the designated responsible producer have to be an officer/director/partner of the agency? YES

Is the agency required to include a list with the application of all agents who may be selling through or on behalf of the agency?

This list not required to be submitted with application, however, should be available upon request by the Insurance Commissioner.

Are agencies appointed to insurance companies ? NO

Do designated agents and all other agents in the entity need to be appointed individually ? YES

Does the insurance department need to approve any name, true or DBA prior to licensure ? NO, however, an application may be rejected if a name is misleading or may be the same or so similar to another agency to be misleading.

Are branch offices required to be licensed? Only if the branches are considered separate legal entities.

When do changes in agency officers/directors/partners or changes to the designated responsible producer need to be reported to the Insurance Commissioner? The Insurance Commissioner's office must be notified, in writing, of all changes in status among its members, directors, and officers, and all other individuals designated in the application within ten (10) days after the change.